Under the Paperwork Peduction Act of 1995, no persons are required to re Effective on 12/08/2004,					spend to a collection of information unless it displays a valid OMB control number Complete If Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 09/831			Conf. No.: 5717	
FEE TRANSMITTAL					late	May 11, 2001		OOM, NO., OTT	
For FY 2009					*************	Jouri KIVELA			
701712003					amed Inventor	W. K. CH			
Applicant claims small entity status. See 37 CFR 1.27					er Name	<u></u>	ECING		
TOTAL AMOUNT OF PAYMENT (\$) 288.00				Art Uni	***************************************	1796	2 (*)	*****************	
101742 America (10) 200.00					y Docket No.	0365-0501F		**************************************	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number 02-2448 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card information should not be included on this form, Provide credit card									
information and authorization on PTO-2838,									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILI	NG FEES <u>Small E</u>		ARCH FEE Small		MINATIOI Smal	N FEES LEntity		
Application 1	(<u>You Feel</u>	Si Fee (J\$l Fe∈			e (\$)	Fees Paid (\$)	
Utility	330	165	549	9 27(22	0 1	10	0.00	
Design	220	110	100) 5(14	0 7	70	0.00	
Plant	220	110	338	0 16:	17	0 8	35	0.00	
Reissue	330	165	544	3 27(65	0 32	25	0.00	
Provisional	220	110	{) (}	0	0	0.00	
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$) Each claim over 20 (including Reissnes) 52								<u>Fse (\$)</u> 26	
Each independent claim over 3 (including Reissues) 220								110	
Multiple dependent claims							390	195	
Total Claims							Multiple Dependent Claims		
	10 or HP = 3 Tiber of total claims o	XX	52.00 ≈	156.00			<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims		aid ior, ii grea Claims		ee Paid (\$)			9.00	0.68	
5 - 2	or HP ==) x	220.00 =	0.00					
HP = highest number of independent riskins paid for, if greater than 3, 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
<u>lotal Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)</u>									
- 100 = 0 / 50 = 0 (round up to a whole number) x = 0.00									
4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): one month extension of time 130,00									
SUBMITTED BY Signature		***************************************	***************************************	Registrat	on No. 32868	****************	Telephone	792 505 2005	
(Alterney/Agent)						************	Telephone 703-205-8000		
lame (Print/Type) Andrew & Meikle Date June								21, 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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